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CONFIRMATION NO. 8391

<b>SERIAL NUMBER</b> 10/692,231	<b>FILING OR 371(c) DATE</b> 10/23/2003 <b>RULE</b>	<b>CLASS</b> 381	<b>GROUP ART UNIT</b> 2615	<b>ATTORNEY DOCKET NO.</b> P03,0441	
<b>APPLICANTS</b> Volkmar Hamacher, Neunkirchen am Brand, GERMANY; Torsten Niederdrank, Erlangen, GERMANY;					
<b>** CONTINUING DATA *****</b> <div style="text-align: center;">OK DP</div>					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 10249416.9 10/23/2002 <span style="float: right;">OK DP</span>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/23/2004</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance Verified and Acknowledged <span style="float: right;">DP</span>		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 26574					
<b>TITLE</b> Hearing aid device, and operating and adjustment methods therefor, with microphone disposed outside of the auditory canal					
<b>FILING FEE RECEIVED</b> 1170	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		